

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: University of Montana, The

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: Missoula, Montana 59812

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** John P. Cleaveland

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
University Director of Information Technology;
The University of Montana; Missoula, Montana 59812

Telephone Number of Designated Agent: 406-243-5340

Facsimile Number of Designated Agent: 406-243-4500

Email Address of Designated Agent: edit@selway.umt.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 3-18-99

Typed or Printed Name and Title: George Dennison, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

APR 13 1999

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